

1064

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State <u>ARIZONA</u>		State File No. _____	
County <u>Graham</u>				or Village _____		Registered No. _____	
Township _____				No. _____		St. _____ Ward _____	
City <u>Layton</u>				(If death occurred in a hospital or institution, give its NAME instead of street and number)		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				How long in State when death occurred? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Tippets, Mrs. W. H.</u>				St. _____ Ward _____		(If non-resident give city or town and State)	
(a) Residence: No. _____ (Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>F</u>		4. COLOR OR RACE <u>Amer.</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year)							
7. AGE <u>59</u>		Years		Months		Days	
		If LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
		10. Date deceased last worked at this occupation (month and year)					
		11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (state or country) _____							
MOTHER		13. NAME _____					
FATHER		14. BIRTHPLACE (city or town) (State or country) _____					
		15. MAIDEN NAME _____					
		16. BIRTHPLACE (city or town) (State or country) _____					
17. INFORMANT (Address) _____							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Layton</u> Date _____, 19____							
19. UNDERTAKER (Address) _____							
20. Filed _____, 19____ Registrar _____							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Mar. 31</u> , 19 <u>08</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____							
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____.							
The principal cause of death and related causes of importance were as follows: <u>Chronic Bronchitis</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____							
(Signed) <u>H. J. Warner</u> , M. D.							
(Address) _____							